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custodial functions. This can lead to misleading comparisons with the twentieth century and the conclusion to *Mental disability in Victorian England* seems unduly pessimistic. Wright has clearly been influenced by the important work on the early twentieth century by Mark Jackson and Mathew Thomson but, although both stress the rise of eugenic ideologies and segregationist practices, neither has much to say about the voluntary institutions established in the nineteenth century. There is clearly no doubt that by 1900 the optimistic belief in the educational potential of idiot children that had led to the foundation of the Earlswood Asylum had been severely challenged by practical experience and eugenic rhetoric. Yet Wright's analysis suggests that each decade between 1840 and 1900 presented the institution with new challenges, constraints and also opportunities. There is no reason to believe that the Earlswood Asylum could not continue to provide a specialist model of care designed for a niche market. Wright himself identifies the late-nineteenth-century demand for short stay accommodation for patients who were younger, and wealthier, than the groups later targeted by the Mental Deficiency Acts. There is little evidence that this declined over time. My own work on another of the voluntary idiot asylums that explicitly copied the Earlswood model suggests that the complex motivations of the founders provided a problematic legacy for future institutional managers. Yet the voluntary idiot asylums continued to offer a model of care quite distinct from institutions established at a later date. The enduring legacy of the voluntary idiot asylums, and their influence over later care programmes, simply underlines the importance of Earlswood as a pioneering institution and Wright's thoughtful and comprehensive study.

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Allen Thiher, *Revels in madness: insanity in medicine and literature*, Corporealities: Discourses of Disability, Ann Arbor, University of Michigan Press, 2000, pp. 354, £36.00, US\$57.50 (0-472-11035-7).

Allen Thiher's *Revels in madness: insanity in medicine and literature* is a erudite study of insanity from Hippocrates to Marguerite Duras—in other words, a combination of medical history and literary criticism. A professor of French at the University of Missouri, who has written about literary theory, Thiher is well-read in the literature of several languages, and familiar with the classical texts of the history of psychiatry. He draws upon medicine, “for its theories and determinations of the causes of madness”; philosophy, “for its attempts to fix the boundaries of the rational and the irrational”; and literature, for “a form of knowledge that defines . . . the contours of the self and its relation to the world”. He is particularly interested in the places “where literature has contested medicine and where it has contributed to an era's knowledge of medicine”. He divides the book into two chronological parts (which stand independently): first the Greco-Roman world to the eighteenth century, and then the modern period from the invention of psychiatry to contemporary developments. In each chapter, he links a psychiatric category to a literary period—such as medieval folly; moral treatment and neoclassicism; early psychiatry and German Romanticism; psychoanalysis and modernism; post-Freudian psychoanalysis and the French avant-garde. The breadth of reference allows for original and interesting connections. He compares De Sade and Pinel, Rimbaud and Freud; he locates the origins of the stigmatization of mental illness in early Christian philosophy; he argues that there are large cycles in the general understanding of madness, with the Greek “experience of madness as a rupture in logos” as a “frequent cultural bedrock”.

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Revels in madness will be a useful reference tool for students and scholars, especially for those looking for more obscure figures, like the German Romantic psychiatrists J C Reil, J C A Heinroth, and K W Ideler, whom Thiher describes in detail since few medical libraries have their books. In his introduction, Thiher indicates his distance from Foucault's "brilliant, influential . . . but misguided" *Histoire de la folie*. Although he sees both literature and medicine as discourses, or "language games", Thiher disagrees with Foucault's theories of historical discontinuities and ruptures. Instead, he emphasizes the continuities in the ways of speaking about madness, including the continuities between literary and medical perspectives. "Madness and literature", he contends, "spring from the same imaginative capacity to entertain present worlds that do not (really) exist." The literary imagination "has historically shared certain features of the insane imagination"; and the content of madness is "often an imaginative form of fictional construct". Since the madman and the writer are both experts on these imaginative worlds, then "literature gives access to madness", and poets, novelists, and literary critics ought to be able to help doctors and psychiatrists understand mental phenomena. But is the opposite true as well; would we look to the insane and their physicians for literary expertise and critical insight? Thiher does not ask this kind of question, and his study is more that of a literary scholar organizing psychiatric texts and theories in accordance with literary history, than a contribution to the more interdisciplinary studies of the past two decades. He knows Pope, but not the work of Roy Porter; he discusses J-J Rousseau, but has not heard of George; in short, he has an exhaustive knowledge of European and American literature, and a familiarity with the basic texts of psychiatry; but he does not know the immense secondary literature on the cultural history of psychiatry that would

make this study part of a conversation, rather than a learned monologue.

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Leon Michaels, *The eighteenth-century origins of angina pectoris: predisposing causes, recognition and aftermath*, *Medical History*, Supplement No. 21, London, Wellcome Trust Centre for the History of Medicine at UCL, 2001, pp. xvii, 219, illus., £32.00, US\$50.00 (hardback 0-85484-073-7). Orders to: Professional & Scientific Publications, BMA House, Tavistock Square, London WC1H 9JR, UK.

During the summer of 1768, William Heberden gave a presentation to the Royal College of Physicians of London in which he described and, probably for the first time, named the disease now known as "angina pectoris". Heberden's clinical description of the disease rings true today as an elegant description of a common condition, one usually attributed to coronary artery disease. Early in his presentation, Heberden said that he could not "recollect any mention [of this disease] among medical authors". Indeed, before 1768 there is scant evidence in the medical literature of diseases that seem to bear any resemblance to what we now know as angina pectoris. Why not? Perhaps angina pectoris had been there all along, but had never before been named? Or, perhaps, angina pectoris was in 1768 a new disease? The purpose of the book under review is to convince the reader of the second proposition, that angina pectoris was a new disease in 1768, one at first found disproportionately in England, but one that eventually came to be common throughout the world. This is posed as a clinical question; issues about the social construction of disease are not the point of this book.